

FILED DEC 3 1942

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 37

37  
1  
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Hermann  
(c) Name of hospital or institution East Hill  
(d) Length of stay: In hospital or institution 18 years  
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Hermann  
(d) Street No. East Hill  
(e) Citizen of foreign country? No

3. (a) PRINT THERESA MARY WEBER  
FULL NAME

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Estauch WEBER 6. (c) Age of husband or wife if alive 7 years  
7. Birth date of deceased March 1861

8. AGE: Years 81 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Little Berger Missouri

10. Usual occupation Hwf.

11. Industry or business

MOTHER FATHER { 12. Name Chrysostemus Will  
13. Birthplace Germany  
14. Maiden name Theresa Will  
15. Birthplace Little Berger, Missouri

16. (a) Informant Jos. Weber

(b) Address Mc. Kittrick, Missouri

17. (a) Burial (b) Date thereof 11/4/42

(c) Place: burial or cremation St. Georges Cem.

18. (a) Signature of funeral director Hugo H. Blumer  
(b) Address Hermann, Missouri

19. (a) nov. 4, 1942 (b) A. H. Leoller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day second year 1942 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan. 27, 1942 to Nov. 2, 1942

that I last saw her alive on November 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 6 days

Due to Arteriol-sclerosis 15 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death) f3a

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury 2

23. Signature W. H. Jeter (M.D. or other D. O.)

Address Hermann, Date signed 11/2/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*August Blumer*

Licensed Embalmer No. 3160

P. O. Address. Hermann, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.